

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-008635

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1819

FILED FEB 28 1963

VS 300
Rev. 4/59

DATE AMENDED

4/16/63

4/16/63

Bohn St. L. Mo

8-14-1901

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

Aug. 14, 1900

62

DOCUMENT

BY AFFIDAVIT OF Informant

SHOULD READ

August 14, 1901

61

MEDICAL CERTIFICATION

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Affton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthony's Hospital		d. STREET ADDRESS (If outside, give location) 8007 New Haven	
3. NAME OF DECEASED (Type or print) First Middle Last HOWARD A GARNATZ		4. DATE OF DEATH Month Day Year February 18 1963	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/14/1900
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) president		10b. KIND OF BUSINESS OR INDUSTRY National Electric Contracting co.	
11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME August Garnatz		13b. MOTHER'S MAIDEN NAME Clara Junge	
14. NAME OF HUSBAND OR WIFE Adline E.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of no)	
16. SOCIAL SECURITY NO.		17. INFORMANT Adline E Garnatz 8007 New Haven	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerotic Heart Disease with Aortic Cardiac Failure</i> DUE TO (b) <i>Generalized arteriosclerosis</i> DUE TO (c) <i>4200</i>		INTERVAL BETWEEN ONSET AND DEATH 5 years Immediate work	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>x Dissecting Aneurysm - Old Myocardial Infarction</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from Aug 3 1963 to Feb 18 1963 and last saw him alive on Jan 31 1963 Death occurred at 2:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Henry L. Ziegenhein M.D.</i>		22b. ADDRESS 418 Olive St. St. Louis, Mo.	
22c. DATE SIGNED 2/19/63		23a. BURIAL, CREMATION, REMOVAL (Specify) removal	
23b. DATE 2/21/1963		23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	
23d. LOCATION (City, town, or county) St. Louis County, Mo.		24. FUNERAL DIRECTOR John L Ziegenhein & Sons 7027 Gravois	
25. DATE RECD. BY LOCAL REG. FEB 19 1963		26. REGISTRAR'S SIGNATURE <i>Edna Smith M.D.</i>	

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Donald Perry

Licensed Embalmer No. *4463*

P. O. Address *St Louis Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.